

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-044574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 177

Primary Registration District No. 4265

Registrar's No. 26

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 13 1963

1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MayweirLength of stay in lb
Lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lafayette

c. CITY OR TOWN Mayweir

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Box 246

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PAULINE

BUSEY GOODWIN

4. DATE OF DEATH

Month

Day

Year

Dec.

8, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-22-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeper

11. BIRTHPLACE (City and state or country)

Mayweir Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Baker

13b. MOTHER'S MARDEN NAME

Mary Baker

1. NAME OF HUSBAND OR WIFE

David Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

David Goodwin

Address

Box 246

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanition & Debilitation

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARCINOMATOSIS

DUE TO (c)

CARCINOMA OF COLON

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 19 52 to Dec. 8, 1963 and last saw her alive on Dec. 7, 1963
Death occurred at 9:28 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edwin Wilson

22b. ADDRESS

1815 Main Higginsville Mo

22c. DATE SIGNED

12/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 13/1963

23c. NAME OF CEMETERY OR CREMATORY

Knob-Kroster Cemetery

23d. LOCATION (City, town, or county)

Knob-Kroster Mo.

(State)

24. FUNERAL DIRECTOR

Dorothy Green

ADDRESS

Tulton Mo

25. DATE RECD. BY LOCAL REG.

12/10/1963

26. REGISTRAR'S SIGNATURE

Emma Davidson

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Elizabeth Green*

Licensed Embalmer No. 4320

P. O. Address *Waltham, Mass*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.